

MI-1040X AMENDED MICHIGAN INCOME TAX RETURN

Issued under authority of P.A. 281 of 1967.

1. Enter calendar year or ending date of fiscal year (mo./day/yr.) of this return..... **19** _____**PART 1 - IDENTIFICATION**

▶ 2. Filer's First Name, Middle Initial and Last Name		▶ 3. Filer's Social Security Number	
If a Joint Return, Spouse's First Name, Middle Initial and Last Name		▶ 4. Spouse's Social Security Number	
Home Address (No., Street, P.O. Box or Rural Route)		Office Use	
City or Town	State		

5. Enter name and address on original return (if same as above, write "same.") If changing from separate to joint return, enter names and addresses used on original returns. (NOTE: you cannot change from joint to separate returns after the due date has passed for filing.)

RESIDENCY STATUS	Resident	Nonresident	Part-year Resident	Enter Dates:
6. On Original Return.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FROM: _____ TO: _____
7. On This Return.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FROM: _____ TO: _____
FILING STATUS	Single	Married - filing jointly	Married - filing separately	Enter Spouse's Name:
8. On Original Return.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. On This Return.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
EXEMPTIONS	Federal exemptions		Michigan Special Exemptions	
10. On Original Return.....	_____		_____ (Explain in Part 6 on the back.)	
11. On This Return.....	_____		_____	

PART 2 - INCOME, ADDITIONS and DEDUCTIONS

	A. On Original Return	B. Net Change	C. Correct Amount
12. Adjusted gross income. Explain changes in Part 7 on the back.....	12.		
13. Additions to adjusted gross income.....	13.		
14. Total income. Add lines 12 and 13.....	14.		
15. Subtractions from gross income.....	15.		
16. Balance. Subtract line 15 from line 14.....	16.		
17. Exemption allowance. Multiply number of exemptions by applicable amount (see instructions).....	17.		
18. Taxable income. Subtract line 17 from line 16.....	18.		
19. Tax. Multiply line 18 by tax rate (see instructions).....	19.		
20. Contributions made to CTF and Nongame Wildlife on original return.....	20.		
21. Add lines 19 and 20.....	21.		

PART 3 - NONREFUNDABLE CREDITS

22. Headlee Amendment Refund (for 1995 only).....	22.		
23. Income tax paid to Michigan cities credit.....	23.		
24. Medical care savings account credit (Expired 1-1-97).....	24.		
25. Public contributions credit.....	25.		
26. Community foundations credit.....	26.		
27. Homeless/food bank credit.....	27.		
28. Income tax paid to another state credit.....	28.		
29. College tuition and fees credit.....	29.		
30. Total nonrefundable credits. Add lines 22 through 29.....	30.		
31. Balance. Subtract line 30 from line 21. (If line 30 is greater than line 21, enter "NONE.").....	31.		

PART 4 - REFUNDABLE CREDITS and PAYMENTS

32. Homestead Property Tax Credit (attach MI-1040CR or MI-1040CR-2).....	32.	▶ 32.	
33. Home Heating Credit (attach MI-1040CR-7 for 1994 and prior years).....	33.	▶ 33.	
34. Farmland Preservation Tax Credit (attach MI-1040CR-5).....	34.	▶ 34.	
35. Michigan income tax withheld (if amending, attach state copy of W-2).....	35.		
36. Michigan estimated tax, credit forward and extension payments.....	36.		
37. Amount paid with original return, plus additional tax paid after filing.....	37.		.00
38. Total credits and payments. Add lines 32 through 37 of column C.....	38.		.00

PART 5 - REFUND or BALANCE DUE

39. Refund, if any, shown on original return.....	39.		.00
40. Enter the difference between lines 38 and 39. (If a negative amount, see instructions.).....	40.		.00
41. If line 31, column C, is greater than line 40, enter BALANCE DUE			
Include interest _____ and penalty _____ (if applicable; see instructions).....	▶ 41.		.00
42. If line 31, column C, is less than line 40, enter REFUND to be received.....	▶ 42.		.00

PART 6 - EXEMPTIONS. Check a box for all that apply (see instructions).43. Exemptions claimed on your **original return**.

	You	Spouse
Federal exemption for self	<input type="checkbox"/>	<input type="checkbox"/>
Age 65 or older	<input type="checkbox"/>	<input type="checkbox"/>
Deaf	<input type="checkbox"/>	<input type="checkbox"/>
Blind or disabled*	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment compensation	<input type="checkbox"/>	<input type="checkbox"/>

(must be 50% of AGI.)

44. Exemptions claimed on **this return**.

	You	Spouse
Federal exemption for self	<input type="checkbox"/>	<input type="checkbox"/>
Age 65 or older	<input type="checkbox"/>	<input type="checkbox"/>
Deaf	<input type="checkbox"/>	<input type="checkbox"/>
Blind or disabled*	<input type="checkbox"/>	<input type="checkbox"/>
Unemployment compensation	<input type="checkbox"/>	<input type="checkbox"/>

(must be 50% of AGI.)

*applies to people who are hemiplegic, paraplegic, quadriplegic or classified as totally and permanently disabled under Social Security guidelines.

45. List all your dependents and answer all questions for each dependent (D-G answer 'yes' or 'no'). Attach separate sheet if necessary.

A Enter Dependent's Name	B Social Security Number	C Relationship	D Did the dependent file a federal return and claim exemption for self?	E Did you provide more than half the dependent's support?	F Did the dependent live with you more than 6 months during the year?	G Was this dependent claimed on your original return?

46. Explain change in number of dependents.

PART 7 - EXPLANATIONS of CHANGES

47. Explain changes to income, deductions and credits. Show computations in detail and attach applicable schedules.

PART 8 - DECLARATIONS - Sign below. If filing jointly, both husband and wife must sign.

I declare, under penalty of perjury, that the information in this return, and attachments is true and complete to the best of my knowledge.

☐ I authorize Treasury to discuss my return and attachments with my preparer.☐ Do not discuss my return with my preparer.

I declare, under penalty of perjury, that this return is based on all information of which I have knowledge.

Preparer's Signature, Address, Phone and ID No.

Filer's Signature

Date

Spouse's Signature

Date

For forms, call 1-800-FORM-2-ME (367-6263).

Treasury field offices no longer prepare tax forms.

For additional information, call 1-800-487-7000.

Deaf, hearing or speech impaired persons call 517-373-9419 (TTY). Or, you may call the Michigan Relay Center at 1-800-649-3777

Mailing Instructions**Refund or Credit:**

Mail your return to:

Michigan Department of Treasury
Lansing, MI 48956**Pay:**

See the instructions for line 41 for check writing information.

Mail check and return to:

Michigan Department of Treasury
Lansing, MI 48929